



Interim Progress Report - Budget Period Three Workplan - Budget Period Four Focus Area G: Education and Training

Budget Period Three Progress Report

Using the Interim Progress Report template below, provide a brief status report that describes progress made toward achievement of each of the *critical capacities* and *critical benchmarks* outlined in the continuation guidance issued by CDC in February 2002. Applicants should describe their agency's overall success in achieving each critical capacity. The progress report narratives should not exceed 1 page, single-spaced, for each critical capacity. Applicants are welcome to use bullet-point format in their answers, so long as the information is clearly conveyed in the response.

CRITICAL CAPACITY: To ensure the delivery of appropriate education and training to key public health professionals, infectious disease specialists, emergency department personnel, and other healthcare providers in preparedness for and response to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies, either directly or through the use (where possible) of existing curricula and other sources, including schools of public health and medicine, academic health centers, CDC training networks, and other providers.

Provide an update on progress during Project Year III toward achieving this critical capacity:

A statewide Education and Training Workgroup formed in August 2002 and has been meeting on a monthly basis. This workgroup has been assisting MDPH in the conceptualization, planning and coordination of a needs assessment, and subsequent development and implementation of educational/training activities as they apply to Focus Area G and where there is overlap with other Focus Areas, and with the HRSA Cooperative Agreement. Membership consists of healthcare providers, first responders, academia, public health, and community agencies.

A subgroup, dedicated to curriculum development, formed out of the workgroup mentioned above. This subgroup began meeting in November 2002 with its mission: to fortify the public health infrastructure in Massachusetts relative to bioterrorism and emergency preparedness through the delivery of appropriate training programs and coordination of educational services across a broad spectrum of public, quasi public, and private organizations. The subgroup has created a competency-based curriculum structure using appropriate competency models. It has also produced a number of deliverables, including the *Summary Report of Training Programs* and the *Gap Report* to help identify training needs. The subgroup has also produced a *Training Catalogue* for the target audience. In the months ahead, the subgroup will continue to identify existing resources and training programs, offer reporting "tools" and guidance to course developers, identify or develop necessary training, and establish evaluation tools and criteria for quality training programs.

Four regionally based health educators were hired to build the infrastructure to facilitate or provide education and training. Each of the four health educators started in their position between February and May of 2003. They will be working collaboratively with other Focus Areas to provide education and training.

MDPH has subscribed into the Public Health Foundation's learning management system called TrainingFinder Real-time Affiliate Integrated Network (TRAIN). The implementation of this system will be a major step towards meeting the Critical Capacity listed above. The target date for implementation in Massachusetts is July 2003.

A MDPH meeting was held in February 2003 with representatives from the following schools of public health:



University of Massachusetts, Boston University, Harvard University and Tufts University. The purpose of the meeting was to develop and strengthen collaborations and partnerships for provision of education and training. Separate meetings are currently being held with each institution to discuss more specifically how each entity can contribute. Individual meetings have already been held with the Harvard Center for Public Health Preparedness and a partnership has formed. The first collaborative project is a locally developed and locally led satellite broadcast to be aired on July 8, 2003 on emergency preparedness and incident command. It will be down linked in 16 sites throughout Massachusetts, and an exercise will be facilitated at each location. The audience is healthcare providers, local health department staff, first responders, infection control practitioners, school administrators, school nurses, public health nurses in public and private agencies, and others. This is the first of two broadcasts to be held in 2003.

In addition to other smallpox education and training being delivered through other workgroups/focus areas, a partnership has formed between the Massachusetts Department of Fire Services, the Harvard Center for Public Health Preparedness and MDPH (Focus Area G Coordinator, Smallpox Coordinator, and HRSA Medical Director) to provide smallpox education to all firefighters, police and EMS. The intent of the program is to give the audience enough information for them to decide if they want to come forward to get vaccinated to be part of a community response team. Phase I of the training was held on March 31, 2003 with senior staff to receive feedback regarding the applicability of the program. Phase II will commence in July 2003.

MDPH continues to work with local health departments, infection control practitioners and health care providers to build capacity for infectious disease surveillance, reporting and control. The Massachusetts *Guide to Surveillance and Reporting* continues to be very well received since its distribution in March 2001. A second daylong training program based on the *Guide* was implemented in the fall of 2002, as a collaboration between MDPH, the Massachusetts Association of Public Health Nurses and the Massachusetts Health Officers Association. The objectives were to: sharpen knowledge of principles of surveillance, reporting and control; describe the local health department and health care provider responsibility in the state's surveillance program; discuss barriers to reporting and brainstorm solutions; and work through a case study to demonstrate the principles of the program. Four trainings were held around the state and included a total of 152 participants, mainly from local health departments. Based on positive feedback on the usefulness of this program, MDPH will continue it on an annual basis. An online self-study course based on the *Guide* has been created and is in final review.

Priority training topics identified during this funding year included, infectious disease surveillance and reporting, emergency preparedness and incident command with a public health focus. A one-hour emergency preparedness training has been developed for MDPH staff with a focus on the state public health role in responding to a bioterrorism event. The content is currently in final review and should be ready to implement in the late summer/fall of 2003. This training can be expanded to other state agencies. Numerous local health oriented seminars and conferences added emergency preparedness and incident command to their agendas during the fall and winter of 2003-2004. Additionally, formal training programs have been developed through the professional associations representing local health. The Massachusetts Health Officers Association held a one-day training program in April 2003 for health directors and health agents on emergency preparedness and the local health department role in isolation and quarantine during a bioterrorism event.

Mini grants were awarded in March 2003 to each of the five professional organizations that constitute the Massachusetts Local Health Coalition in order to enhance the ability of local health departments to plan and respond to infectious disease and public health emergencies. (The Massachusetts Local Health Coalition was formed in 1990 and an assessment of all 352 local health departments was conducted at that time to determine, among many items, training needs. The data from this survey is being used to guide local health training needs until the formal statewide needs assessment through Focus Area A is conducted.) Uses of the funding includes development and dissemination of: 1) a video for Massachusetts residents on the mission and role of local health departments in communities; 2) a local health department emergency plan; 3) web-based educational materials on emergency preparedness; and 4) a 1-day training program to be held at 5 locations around the state in July 2003 on emergency preparedness and incident command as it applies to local public health.

In the last progress year, over 1000 hospital-based physicians and nurses have been trained in bioterrorism agents,



emergency response and disaster planning through grand rounds, residency lectures and tabletop exercises. Locally based evaluations have indicated that these health care providers request more hands-on training in incident command and decontamination and PPE. Further, exercises have been very valuable in building links between hospital-based health care, public health, first responders and community agencies.

Critical Benchmark #14: What is the status of your state's assessment of the training needs in preparedness for and response to bioterrorism/emergency events for public health and private health professionals? Choose only one of the following.

- ☐ Assessment work has not begun (0% completed)
- ☐ Assessment work has just started (less than 25% completed)
- ☒ Assessment work is underway (25-50% completed)
- ☐ Assessment work is more than half way completed (51-75% completed)
- ☐ Assessment work is close to completion (greater than 75% completed)
- ☐ Assessment work completed (100% completed)



Budget Year Four Workplan

For each Recipient Activity applicants should complete the work plan templates attached below. Applicants are welcome to use bullet-point format in their answers, so long as the information is clearly conveyed in the response. All responses should be brief and concise. **Please note that full use of the CDC templates will meet all of the requirements for submission of a progress report and work plan.** Although no additional information is required, grantees may elect to submit other essential supporting documents via the web portal by uploading them as additional electronic files.

CRITICAL CAPACITY #16: To ensure the delivery of appropriate education and training to key public health professionals, infectious disease specialists, emergency department personnel, and other healthcare providers in preparedness for and response to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies, either directly or through the use (where possible) of existing curricula and other sources, including Centers for Public Health Preparedness, other schools of public health, schools of medicine, other academic medical centers, CDC training networks, and other providers.

RECIPIENT ACTIVITIES:

1. Support a Focus Area G Coordinator.

Strategies: What overarching approach(es) will be used to undertake this activity?

Allison Hackbarth, MPH has been in place as the MDPH Focus Area G Coordinator since August 2002, and coordinates and facilitates the statewide Education and Training Workgroup.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

Not applicable.

Timeline: What are the critical milestones and completion dates for each task?

Not applicable.

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

Not applicable.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Not applicable.

2. Implement a learning management system capable of collecting and reporting data on all training and educational activities as well as able to share “best practices” with other public health agencies. (See Appendix 4 for IT Functions #1-5.)

Strategies: What overarching approach(es) will be used to undertake this activity?



MDPH has already subscribed into the Public Health Foundation's (PHF) learning management system called TrainingFinder Real-time Affiliate Integrated Network (TRAIN). Massachusetts is one of the first 20 states to subscribe into the system. A contract between PHF and MDPH was finalized on May 22, 2003.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

MDPH is currently working with PHF to provide information regarding customization of the Massachusetts affiliate site, for example, an appropriate URL, custom header and footer with the affiliate logo and color scheme, custom fields for learner records and course records, and a hyperlink to the URL of the affiliate's main web site. TRAIN will be developed with the capability to interface with the current authentication mechanism of the Massachusetts Alert Network in an effort to allow users of both systems single sign on. Users of TRAIN who are not users of the Alert Network will authenticate through the standard mechanisms of TRAIN. The Massachusetts Alert Network Director or designee will work with PHF and their vendor to develop this interface.

Timeline: What are the critical milestones and completion dates for each task?

By June 23, 2003, MDPH will provide the customization information listed directly above. By July 1, 2003, PHF will provide the initial set up of the system for Massachusetts. MDPH will participate in all conference calls coordinated by PHF throughout the contract year.

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

The MDPH, Division of Epidemiology and Immunization, Long Distance Learning Coordinator will be responsible for managing a team of 4 MDPH employees to implement TRAIN in Massachusetts.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Progress toward successful completion of this activity will be determined by the achievement of the milestones according to the dates described above.

3. Develop and initiate a training plan (1 year), which ensures priority preparedness training is provided across all Focus Areas to the state and local public health workforce, healthcare professionals, and laboratorians. **(CRITICAL BENCHMARK #25)**

Strategies: What overarching approach(es) will be used to undertake this activity?

MDPH will collaborate with relevant associations and agencies to fortify the public health infrastructure relative to bioterrorism and emergency preparedness by providing appropriate priority training and coordination of educational services across a broad spectrum of public, quasi public, and private organizations, on topics identified through the statewide needs assessment and other needs assessments, and identified through each of the 10 statewide Workgroups that have formed.

Tasks: What key tasks will be conducted in carrying out each identified strategy?



MDPH will: 1) continue to develop and build collaborations and partnerships formed during the past year with relevant associations and agencies; 2) identify priority preparedness training from the statewide needs assessment and other needs assessment, and with input from the 10 statewide Workgroups; 3) identify competency-based trainings/curriculums and other resources already established; 4) identify gaps in training curriculums; 5) provide guidance and offer tools to course developers from other agencies and organizations using established competencies as a foundation; 6) develop necessary training; 7) establish evaluation tools and criteria for quality training programs; and 8) provide education/training and promotion about TRAIN so that relevant associations and agencies can contribute to the learning management system.

Timeline: What are the critical milestones and completion dates for each task?

The statewide Education and Training Workgroup and the Curriculum Planning and Inventory Subgroup will continue to meet on a monthly basis to accomplish the tasks listed above. MDPH will continue to meet throughout the next grant year with associations and agencies to discuss preparedness training and develop or strengthen collaboration and partnerships (specific dates are listed in #4 below).

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

The Focus Area G Coordinator (who is also the Education and Training Workgroup Coordinator), the Curriculum Planning and Inventory Subgroup Coordinator and the HRSA Cooperative Agreement Medical Director and Hospital Preparedness Coordinator, in collaboration with the MDPH Division of Epidemiology and Immunization Health Education Unit and the other nine Workgroup Coordinators, will be responsible for the tasks associated with this activity.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Progress toward successful completion of this activity will be determined by the accomplishment of the milestones according to the timeline above.

4. Collaborate with Centers for Public Health Preparedness, other schools of public health, schools of medicine, and academic medical centers to develop, deliver, and evaluate competency-based training to enhance preparedness. Describe activities and training provided in collaboration with CDC-funded Academic Centers for Public Health Preparedness. **(LINK WITH CROSS-CUTTING ACTIVITY INVOLVEMENT WITH ACADEMIC HEALTH CENTERS, Attachment X)**

Strategies: What overarching approach(es) will be used to undertake this activity?

MDPH will develop or build upon collaborations and partnerships already formed in the past year with the Harvard Center for Public Health Preparedness, other schools of public health, schools of medicine and academic medical centers to develop, deliver and evaluate competency-based training.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

As described in the Progress Report, a MDPH meeting was held in February 2003 with



representatives from the following schools of public health: University of Massachusetts, Boston University, Harvard University and Tufts University. Also in attendance were representatives from the Tufts Veterinary School. The purpose of the meeting was to develop and/or strengthen collaborations and partnerships for provision of education and training. During the next grant year, MDPH will: 1) continue to meet with representatives from each institution to discuss more specifically how each entity can contribute; 2) expand these meetings to include schools of medicine and other academic medical centers; 3) provide guidance and offer tools to course developers using established competencies as a foundation; 4) establish evaluation tools and criteria for quality training programs; 5) provide education/training and promotion about TRAIN so that each entity can contribute to the learning management system.

From the February 2003 meeting, individual meetings have already been held with the Harvard Center for Public Health Preparedness in the past grant year and a partnership has formed. The first collaborative education and training project is a locally developed and locally led satellite broadcast to be aired on July 8, 2003. A second locally developed and locally led satellite broadcast will be held in the fall 2003. MDPH and the Harvard Center for Public Health Preparedness will continue to meet on a regular basis to discuss other collaborative projects.

Individuals meetings have already been held with the New England Alliance for Public Health Workforce Development based out of Boston University in the past grant year and a partnership has formed. The Alliance is developing a public health core curriculum for all 352 local health departments to meet the diverse needs of the local health as it is organized and structured in Massachusetts. MDPH and the Alliance will continue to meet on a regular basis to discuss the development and implementation of the curriculum.

Timeline: What are the critical milestones and completion dates for each task?

MDPH will meet with each School of Public Health listed above by September 2003, and each School of Medicine by December 2003. Using the working documents developed in the Curriculum Planning and Inventory Subgroup (*Summary Report of Training Programs, Gap Report, Training Catalogue*), MDPH will add and update information on an ongoing basis. MDPH will research and establish evaluation tools and criteria for quality training programs by September 2003. MDPH will provide education/training and promotion about TRAIN so that each entity can contribute to the learning management system on an ongoing basis.

Based on partnerships already formed:

- A second satellite broadcast, in partnership with the Harvard Center for Public Health Preparedness, will be implemented in the late fall or winter of 2003/2004.
- A pilot of the Local Health Public Health Core Curriculum, in partnership with the New England Alliance for Public Health Workforce Development, will be implemented in the late summer or early fall 2003.
- Veterinary and animal-related educational sessions and training programs, in partnership with the Tufts Veterinary School and Massachusetts Bureau of Animal Health, will be developed and implemented starting in July 2003 and implemented throughout the grant year.

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.



The Focus Area G Coordinator (who is also the Education and Training Workgroup Coordinator), the Curriculum Planning and Inventory Subgroup Coordinator and the HRSA Cooperative Agreement Medical Director and Hospital Preparedness Coordinator, in collaboration with the MDPH Division of Epidemiology and Immunization Health Education Unit, will be responsible for the tasks associated with this activity.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Progress toward successful completion of this activity will be determined by the achievement of the milestones by the according to the timeline described above.

5. (Smallpox) Develop and provide education and training sessions on all components of the smallpox response plan, especially smallpox disease identification and reporting, contact tracing, training of vaccinators, training people to read “takes”, and recognition and management of adverse events after vaccination for public health and health care response teams, and other individuals who may be involved in a response (key healthcare workers, key public health workers, key security staff needed to maintain public order, key EMS staff needed to transport ill patients, key hospital staff, key private physicians and their staff who may be occupationally at risk).

Strategies: What overarching approach(es) will be used to undertake this activity?

MDPH will collaborate with relevant associations and agencies to provide education and training sessions. MDPH will distribute CDC-developed CDs, videos and printed materials.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

MDPH will: 1) conduct smallpox vaccination certification training; 2) provide training and education on smallpox disease identification and reporting and on contact tracing; 3) ensure all providers have access to relevant audio-visual and printed materials.

Timeline: What are the critical milestones and completion dates for each task?

MDPH will: 1) certify 500 health care providers as vaccination team members by June 2004; 2) conduct 25 presentations on smallpox disease identification and reporting and on contact tracing by June 2004; 3) maintain links between the MDPH bioterrorism website and all relevant CDC-developed smallpox materials (on-going); 4. distribute newly-developed materials to all hospitals and regional health offices on an on-going basis.

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

The Smallpox Response Coordinator and the Immunization Program Surveillance Coordinator, in collaboration with the Division of Epidemiology and Immunization Health Education Unit, with input from the Immunization Program Medical Director, will be responsible for the tasks associated with this activity.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?



Progress toward successful completion of this activity will be determined by the achievement of the milestones by the according to the timeline described above.

6. (Smallpox) Following exercise, assess training needs for smallpox preparedness as it pertains to large-scale vaccination clinics — with special emphasis on emergency department personnel, intensive care unit staff, general medical staff (including physicians that will likely encounter adverse events), infectious disease specialists, security personnel, housekeeping staff, other healthcare providers, and public health staff.

Strategies: What overarching approach(es) will be used to undertake this activity?

MDPH will conduct an assessment of the exercise(s). MDPH will certify vaccination team members in each hospital to administer smallpox vaccine to their employees. MDPH will certify vaccination teams in each region to administer vaccine to other health care and public health staff.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

MDPH will: 1) use Smallpox Task Groups to evaluate the plan and assess training needs for smallpox preparedness; 2) collaborate with the Massachusetts Hospital Association to arrange smallpox vaccination team certification training teams from all hospitals; and 3) collaborate with the Massachusetts Association of Public Health Nurses, the Massachusetts Health Officers Association and the MDPH School Health Unit to arrange smallpox vaccination team certification training for public health and school nurses.

Timeline: What are the critical milestones and completion dates for each task?

MDPH will: 1) establish a schedule of regional trainings for hospital vaccination teams by September 2003; 2) certify at least 5 vaccination team members in all 76 acute care hospitals by July 2004; 3) establish a schedule of regional smallpox vaccination team for public health nurses by September 2003; and 4) Certify at least 500 public health and school nurses by July 2004.

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

The Smallpox Response Coordinator, in collaboration with the MDPH Division of Epidemiology and Immunization Health Education Unit and Immunization Program Medical Director, will be responsible for the tasks associated with this activity.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Successful completion of this activity will be determined by the accomplishment of the milestones according to the timeline above.

7. (Smallpox) Develop and regularly update a community-based online inventory that lists all available technical, clinical, epidemiological, and other expertise that could provide needed services during a smallpox outbreak. (See Appendix 4, IT Function #7) **(LINK WITH FOCUS AREA E)**

Strategies: What overarching approach(es) will be used to undertake this activity?



MDPH will identify existing databases of professionals with the technical, clinical, epidemiological and other expertise that could be provided needed services during a smallpox outbreak.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

MDPH will develop a list of existing inventories of clinical and public health personnel.

Timeline: What are the critical milestones and completion dates for each task?

MDPH will: 1) contact State Boards of Registration by October 2003; 2) survey Bioterrorism Advisory Committee and other Workgroup members to identify additional existing databases by December 2003; and 3) establish list of existing databases by January 2004.

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

The MDPH Bioterrorism Response Nurse will be responsible for the tasks associated with this activity.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Successful completion of this activity will be determined by the accomplishment of the milestones according to the timeline described above.

8. (Smallpox) Enumerate staff needed to support large-scale clinic operations. This includes: vaccinators; security personnel, traffic control staff, vaccine storage and handling staff, clinic managers, screeners, medical staff, and others needed to run a large-scale smallpox clinic, according to previously issued CDC guidance, [Guidelines for Smallpox Vaccination Clinics \(Annex 2\)](#) and [Smallpox Vaccination Clinic Guide \(Annex 3\)](#).

Strategies: What overarching approach(es) will be used to undertake this activity?

MDPH will research existing literature and CDC Smallpox Vaccination Clinic Guides and Guidelines to determine number and type of staff to vaccinate 6 million Massachusetts residents in 10 days.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

MDPH will: 1) identify existing resources to help determine number and type of staff needed; and 2) apply existing formulas to population of 6 million.

Timeline: What are the critical milestones and completion dates for each task?

MDPH will: 1) identify existing guidelines by September 2003; and 2) apply existing formulas to the population of Massachusetts by October 2003.

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

The Smallpox Response Coordinator will be responsible for the tasks associated with this activity.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?



Successful completion of this activity will be determined by the accomplishment of the milestones according to the timeline described above.

9. (Smallpox) Train staff needed to support large-scale clinic operations. This includes: vaccinators; security personnel, traffic control staff, vaccine storage and handling staff, clinic managers, screeners, medical staff, and others needed to run a large-scale smallpox clinic, according to previously issued CDC guidance, [Guidelines for Smallpox Vaccination Clinics \(Annex 2\)](#) and [Smallpox Vaccination Clinic Guide \(Annex 3\)](#).

Strategies: What overarching approach(es) will be used to undertake this activity?

In addition to certification training of smallpox vaccination teams (described in # 6 above), MDPH will provide all potential clinic staff with standard operating procedures for all support functions, including security, traffic flow, and supplies and data management, according to CDC guidance.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

MDPH will: 1) develop standard operating procedures (SOPs) for mass vaccination clinic functions according to CDC guidance; and 2) distribute standard operating procedures to potential clinic staff, including public safety personnel, school personnel and civic and other volunteer organizations.

Timeline: What are the critical milestones and completion dates for each task?

MDPH will: 1) develop standard operating procedures by March 2004; 2) develop list of associations and organizations through which to distribute SOPs to potential clinic staff by March 2004; and 3) begin distributing SOPs by April 2004.

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

The Smallpox Response Coordinator will be responsible for the tasks associated with this activity.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Successful completion of this activity will be determined by the accomplishment of the milestones according to the timeline described above.

ENHANCED CAPACITY #13: To provide directly or through other organizations the ongoing systematic evaluation of the effectiveness of training, and the incorporation of lessons learned from performance during bioterrorism drills, simulations, other exercises, events, and evaluations of those exercises.

RECIPIENT ACTIVITIES:



1. Design and develop formal evaluations and competency reviews to assess performance of the public health, healthcare delivery, and laboratory workforce in responding to a public health emergency. Include an analysis to identify performance gaps and a strategy to implement recommended improvements. Collaborate with state-based and national public health and healthcare professional organizations and agencies.

Strategies: What overarching approach(es) will be used to undertake this activity?

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Tasks: What key tasks will be conducted in carrying out each identified strategy?

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Timeline: What are the critical milestones and completion dates for each task?

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Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

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Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

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